



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-3815 Fax: 361-776-1027

APPLICATION FOR ZONING CHANGE

Receipt #: _____

Date Filed: _____

INSTRUCTIONS:

- (1) Please type or print clearly in black ink.
- (2) File with Building Department at City Hall, Ingleside, Texas
- (3) Request must be accompanied by required filing fee.

APPLICANT/OWNER INFORMATION

Applicant's Name (please print): _____
 Address: _____
 City/State/Zip Code: _____
 Phone No.: _____
 Applicant Status: (check one)
 INDIVIDUAL () TRUST () PARTNERSHIP () CORPORATION ()

ZONING REQUEST INFORMATION

Legal Description of Property to be Rezoned:
 Lot: _____ Block: _____
 Subdivision: _____
 Address of Property: _____
 Lot Size: _____ Feet x _____ Feet Acres: _____
 Frontage Street: _____
 Present Zoning Classification: _____
 Requested Zoning Classification: _____

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE, AT ALL HEARINGS, BOTH PLANNING AND ZONING AND THE CITY COUNCIL, FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Date of Publication: _____
 Planning & Zoning Public Hearing: _____ Time: 6:00p.m.
 City Council Public Hearing: _____ Time: 6:30p.m.
 2nd Reading before City Council: _____ Time: 6:30p.m.

Signature of Applicant: _____ Date: _____ Signature of Owner: _____ Date: _____

STAFF CHECKLIST

Accepted By: _____ Date Accepted: _____
 Filing Fee: _____ Date Paid: _____

OFFICE USE ONLY		
APPROVED: _____	DATE: _____	REVIEWED BY: _____